

Lyon & Lyon LLP Docket Information 260/131

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled ROOM FOR CONDUCTING MEDICAL PROCEDURES the specification of which

(Check One)	$\boxtimes$	is attached hereto and										
•	$\overline{\boxtimes}$	was filed	d on	<u>July</u>	31.	2001	as	United	States	Application	Serial	No.
		09/919,2	<u>86</u> o	r PCT	Inte	rnation	al A	pplicatio	n No	and wa	as amei	nded
		on	(if a	pplicab	ile).							

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date		
60/222,080	August 1, 2000		

POWER OF ATTORNEY: As a named inventor, I hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified invention application, all of the registered practitioners identified by Customer Number 22249:

PATENT TRADEMARK OFFICE

LYON & LYON LLP Suite 4700 -633 W. Fifth Street Los Angeles, CA 90071 (213) 489-1600

Please direct all inquiries to Brandon N. Sklar, at the above Customer Number.

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

> **COPY OF PAPERS ORIGINALLY FILED**

	FULL NAME OF INVENTOR	FIRST Name John	MIDDLE Initial D.	LAST Name Kersten	
201	RESIDENCE & CITIZENSHIP	City Port Jefferson Station	State or Foreign Country New York	Country of Citizen USA	ship
	POST OFFICE ADDRESS	575 Town Road	City Port Jefferson Station	State or Country New York	Zip Code 11776
INV	/ENTOR'S SIGNATU	DATE <u>/0/3//</u>	01		
		<del>//</del>			

	FULL NAME OF INVENTOR	FIRST Name Alex	MIDDLE Initial	LAST Name Darian		
202	RESIDENCE & CITIZENSHIP	City Port Jefferson Station	State or Foreign Country New York	Country of Citizenship USA		
	POST OFFICE ADDRESS	575 Town Road	City Port Jefferson Station	State or Country New York	Zip Code 11776	
INV	ENTOR'S SIGNATUR	DATE /0/31/01	,			

	FULL NAME OF INVENTOR	FIRST Name Raymond	MIDDLE Initial V.	LAST Name Damadian			
203	RESIDENCE & CITIZENSHIP	City Woodbury	State or Foreign Country New York	Country of Citizens USA	ship		
	POST OFFICE ADDRESS	31 Fairbanks Boulevard	ity vVoodbury	State or Country Ne w York	Zip Code 11797		
INV	INVENTOR'S SIGNATURE Raymond V. Danie 11/1/01						